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UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA Alexandria Division

CHAPTER 13 PLAN AND RELATED MOTIONS

PAMELA S. MCKENNA

This Plan, dated October 5, 2015, is:

the first Chapter 13 Plan filed in this case.

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$423,692.59
Total Non-Priority Unsecured Debt: \$5,382.00
Total Priority Debt: \$4,676.88
Total Secured Debt: \$471,695.66

- 1. Funding of Plan. The debtor(s) propose to pay the trustee the sum of \$1,570 per month for 60 months. Other payments to the Trustee are as follows: n/a. The total amount to be paid into the Plan is \$94,200.
- **2. Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.

A. Administrative Claims under 11 U.S.C. § 1326.

- 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
- 2. Debtor(s)' attorney will be paid \$0 balance due of the total fee of \$3,000, concurrently with or prior to the payments to remaining creditors, and Debtor(s)' attorney will be paid future fees and expenses as may be approved by the Court concurrently with or prior to the payments to remaining creditors.

B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

| Creditor | Type of Priority | Estimated Claim | Payment and Term |
|--------------------------|------------------|-----------------|-----------------------|
| Commonwealth of Virginia | Taxes | \$2,004.00 | 100% without interest |
| IRS | Taxes | \$2,672.88 | 100% without interest |

- 3. Secured Creditors: Motions to Value Collateral ("cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

Not applicable.

B. Real or Personal Property to be Surrendered.

Not applicable.

C. Adequate Protection Payments.

See § 3.D. Below.

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

| Creditor | Collateral | Approx. Bal. of Debt or "Crammed Down" Value | Interest Rate | Monthly Payment & Est. Term* |
|------------------------|---------------------------|---|------------------|------------------------------|
| Mercedes- Benz Fin. | 2011 Mercede Benz C300 | s- \$16,688.38 | 1.99% per K | \$610.45 x 28 mo. |

*THE MONTHLY PAYMENTS STATED HERE SHALL BE THE ADEQUATE PROTECTION PAYMENTS PURSUANT TO 1326(a)(1)(C) TO THESE CREDITORS UNLESS OTHERWISE ORDERED BY THE COURT.

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

4. Unsecured Claims.

A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately <u>0%</u>. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate unsecured creditors would receive a dividend of <u>0%</u>.

B. Separately classified unsecured claims.

Not applicable.

- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

| | Regular | | Arrearage | | Monthly |
|----------------------|------------|------------------|-----------|-------------|---------------|
| | Contract | Estimated | Interest | Estimated | Arrearage |
| Creditor Collateral | Payment | <u>Arrearage</u> | Rate | Cure Period | Payment |
| | | | | | |
| Bayview Principal | | | | | Pro rata with |
| Loan Serv. residence | e | | | | other secured |
| | \$1,914.09 | \$62,239.68 | 0 | 60 months | claims |

B. Trustee to make contract payments and cure arrears, if any.

Not applicable.

C. Restructured Mortgage Loans to be paid fully during term of Plan.

Not applicable.

6. Unexpired Leases and Executory Contracts.

Not applicable.

- 7. Liens Which Debtor(s) Seek to Avoid.
 - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f).

Not applicable.

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

| Creditor | Type of Lien | Description of Collateral | Basis for Avoidance |
|-------------------------------|--|---------------------------|---|
| BB&T Mortgage ¹ | 2 nd priority deed of trust | Principal residence | 11 U.S.C. §§ 506(a) & (d) and § 1322(b)(2) (Lien is wholly unsecured) |

8. Treatment and Payment of Claims.

- -All creditors must timely file a proof of claim to receive payment from the Trustee.
- -If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- —If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- -The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.

The Debtor's personal liability to BB&T Mortgage was discharged in her previous Chapter 7 case, Case #09-19030-RGM.

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| 11. | Other | provisions | of | this | Plan: |
|-----|-------|------------|----|------|-------|
|-----|-------|------------|----|------|-------|

Not applicable.

Signatures:

Date: 10/5/2015

/s/Pamela S. McKenna

Pamela S. McKenna

/s/Steven B. Ramsdell

Steven B. Ramsdell, VA Bar #33222
Counsel to the Debtors
Tyler, Bartl, Ramsdell & Counts, P.L.C.
300 N. Washington St., Suite 202
Alexandria, VA 22314
(703) 549-5003

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing Chapter 13 Plan And Related Motions, together with a copy of the Debtor's schedules I & J, was mailed on this <u>5th</u> day of October, 2015, to all creditors and parties in interest in this case, all of whom are set forth on the list attached hereto.

/s/Steven B. Ramsdell

Steven B. Ramsdell

Case 15-13061-BFK Doc 19 Filed 10/05/15 Entered 10/05/15 11:58:21 Desc Main Document Page 7 of 11 Bayview Loan Servicing, LLC Audit Systems Incorporated BB&T, Bankruptcy Section 3696 Ulmerton Rd., Suite 200 Customer Service Dept. 100-50-01-51 Clearwater, FL 33762 4425 Ponce De Leon Blvd 5th Fl P.O. Box 1847 Coral Gables, FL 33146 Wilson, NC 27894 Capital One City of Alexandria Commonwealth of Virginia P.O. Box 1423 P.O. Box 30285 Dept. of Taxation Salt Lake City, UT 84130-0285 Alexandria, VA 22313-1423 Legal Unit, P.O. Box 2156 Richmond, VA 23218 Internal Revenue Service Credit One Bank Global Payments Check Services P.O. Box 98873 P.O. Box 661038 P.O. Box 7346 Chicago, IL 60666-1038 Las Vegas, NV 89193-8873 Philadelphia, PA 19101-7346 LVNV Funding, LLC Mercedes-Benz Fin. Srvc. USA MercerTrigiani, LLP P.O. Box 10497 c/o BK Servicing,LLC Attn: Michael L. Zupan, Esq. P.O. Box 131265 112 S. Alfred St. Greenville, SC 29603 Roseville, MN 55113-0011 Alexandria, VA 22314 Portfolio Recovery Associates Johnie R. Muncy, Esq. Sandra McKenna P.O. Box 12914 Samuel I. White, P.C. 35 Rolfe St. 1804 Staples Mill Rd., Suite 200 Norfolk, VA 23541 Hamden, CT 06517-3340 Richmond, VA 23230 Service First Management Town Center Orthopaedic Assoc. TRS Recovery Services, Inc. & Consulting, Inc. 1860 Town Center Dr., #300 P.O. Box 60022 12084 Cadet Ct. Reston, VA 20190 City of Industry, CA 91716-0022 Manassas, VA 20109 Office of the United States Trustee Thomas P. Gorman, Trustee Pamela McKenna

Hollywood Casino 750 Hollywood Blvd. Charles Town, WV 25414

115 S. Union Street, P210

Alexandria, VA 22314

Horseshoe Casino 11999 Casino Center Dr., SE Elizabeth, IN 47117

Alexandria, VA 22314

300 N. Washington St., Suite 400

8417 Mineral Springs Dr.

Manassas, VA 20112

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| Fill in | n this information to identify your coordinates and the same of th | | | | | | | | |
|-----------------------|--|-------------------------------|--|-----------------------|-----------------|-------------------|---|-------------------------|-------------------------|
| Debt | or 2 se, if filing) | | | | | | | | |
| | ed States Bankruptcy Court for the | : EASTERN DISTRICT | OF VIRGINIA | | | | | | |
| (If kno | e number 15-13061-BFK wn) 15-13061-BFK | | - | | | 13 inco | nded filing ement showin ne as of the f | | tition chapter late: |
| | hedule I: Your Inc | ome | | | | MM / DI |)/ YYYY | | 12/13 |
| supp spou attac | | are married and not filing wi | ng jointly, and your s th you, do not include | spouse i de inforn | s livi natic | ng with you, i | clude inform pouse. If me | nation ab ore space | out your is needed, |
| | Fill in your employment information. | | Debtor 1 | | | Debt | or 2 or non-f | iling spou | ıse |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | nployed | | |
| | information about additional employers. | , , | ☐ Not employed | | | □ No | t employed | | |
| | Include part-time, seasonal, or | Occupation | RN Nurse | | | | | | |
| | self-employed work. | Employer's name | Veterans Affairs | Medical | Cer | nter | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 50 Irving St., NW Washington, DC | | | | | | |
| | | How long employed the | here? 13 years | s | | | | | |
| Part | 2: Give Details About Mor | nthly Income | | | | | | | |
| | nate monthly income as of the dese unless you are separated. | ate you file this form. If y | you have nothing to re | eport for | any I | ine, write \$0 in | he space. In | clude your | non-filing |
| | or your non-filing spouse have mo space, attach a separate sheet to | | ombine the information | n for all e | mplo | yers for that pe | rson on the li | ines below | v. If you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ing spous | se |
| | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 7,687.9 | 2 \$ | N | J/A |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.0 | 0 +\$ | N | I/A |

Calculate gross Income. Add line 2 + line 3.

4. \$ 7,687.92

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| Debto | or 1 | Pamela Sarah McKenna | - | Case r | number (if known) | 15-13 | 3061-BFK |
|-------|--------------------|--|----------|--------|-------------------|-------|-----------------------------|
| | | | | For | Debtor 1 | For | Debtor 2 or |
| | | | | | | | -filing spouse |
| | Cop | by line 4 here | 4. | \$ | 7,687.92 | \$ | N/A |
| 5. | List | all payroll deductions: | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 1,866.63 | \$ | N/A |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 61.36 | \$ | N/A |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A |
| | 5e. | Insurance | 5e. | \$ | 243.84 | \$ | N/A |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A |
| | 5g. | Union dues | 5g. | \$ | 50.44 | \$ | N/A |
| | 5h. | Other deductions. Specify: FEGLI | 5h.+ | \$ | 30.88 | + \$ | N/A |
| | | FEGLI optional | | \$ | 92.69 | \$ | N/A |
| | | VCS | | \$ | 270.83 | \$ | N/A |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 2,616.67 | \$ | N/A |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 5,071.25 | \$ | N/A |
| | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | _ | | _ | |
| | ٠. | monthly net income. | 8a. | \$ | 0.00 | \$ | N/A |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | N/A |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | N/A |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A |
| | | | [| | | , | |
| | | • | 10. \$ | | 5,071.25 + \$_ | | N/A = \$ 5,071.25 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | <u> </u> | | | | |
| | Incluothe Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depend | | • | | Schedule J. 11. +\$ 0.00 |
| | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | 12. \$ 5,071.25 Combined |
| 13. | Do ' | you expect an increase or decrease within the year after you file this form? | ? | | | | monthly income |
| | | No. | | | | | |
| | | Yes. Explain: | | | | | |
| | | | | | | | |

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| Fill | in this inform | ation to identify yo | our case: | | | | | | | |
|-----------|--|---|--|--|---|---------|------|---------------------|------------------------------------|-------|
| Deb | tor 1 | Pamela Sara | h McKenr | na | | Cł | neck | if this is: | | |
| | | T arriola Gara | 11 11101 10111 | | _ | | | n amended filing | | |
| Deb | tor 2 | | | | | | A | supplement show | ving post-petition chap | ter |
| (Spo | ouse, if filing) | | | | | | 1 | 3 expenses as of | the following date: | |
| Unit | ed States Ban | kruptcy Court for the | EASTE | RN DISTRICT OF VIRGIN | IA | | N | IM / DD / YYYY | | |
| C | a number 1 | E 42004 DEK | | | | _ | | concrete filing for | Dobtor 2 hooguas Do | htor |
| | e number <u> </u> | 5-13061-BFK | | | | | | maintains a sepa | Debtor 2 because De rate household | וטוטו |
| | | | | | | | | | | |
| Of | fficial F | orm B 6J | | | | | | | | |
| So | chedule | J: Your | Expen | ises | | | | | 1 | 2/13 |
| Be info | as complete ormation. If I nber (if know | e and accurate as more space is ne wn). Answer ever | s possible. eded, atta ry question | If two married people arch another sheet to this | | | | | | |
| Par 1. | Is this a jo | cribe Your House int case? | ∌noid | | | | | | | |
| | ■ No. Go | | | | | | | | | |
| | _ | es Debtor 2 live | in a senar: | ate household? | | | | | | |
| | | | iii a sepait | ate mousemora. | | | | | | |
| | | | st file a sep | parate Schedule J. | | | | | | |
| 2. | Do you ha | ve dependents? | □ No | | | | | | | |
| | Do not list I Debtor 2. | Debtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | | Dependent's age | Does dependent live with you? | |
| | Do not stat | e the | | | | | | | ■ No | |
| | dependents | s' names. | | | Mother | | | 86 | ☐ Yes | |
| | | | | | | | | | ☐ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 2 | Da | | _ | | | | | | ☐ Yes | |
| 3. | | openses include of people other t | han | No | | | | | | |
| | | nd your depende | | Yes | | | | | | |
| D | | | | _ | | | | | | |
| | | mate Your Ongoi | | y Expenses uptcy filing date unless y | ou are using this fo | rm as a | supi | olement in a Cha | pter 13 case to repor | t |
| exp | | a date after the | | y is filed. If this is a supp | | | | | | |
| Incl | lude expens | es paid for with | non-cash | government assistance if | you know | | | | | |
| | value of sud | | d have inc | luded it on Schedule I: Y | our Income | | | Your expe | enses | |
| (OII | nciai Form c | 01.) | | | | | | Tour expe | 211303 | |
| 4. | | or home owners and any rent for th | | ses for your residence. In r lot. | nclude first mortgage | 4. | \$ | | 1,914.09 | |
| | If not inclu | ided in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | | | 0.00 | |
| | | e maintenance, re | | | | 4c. | | | 25.00 | |
| | | eowner's associa | • | | | 4d. | | | 65.00 | |
| 5. | Additional | mortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | | 0.00 | |

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| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Vintage Security home security system 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 6. Clothing, laundry, and dry cleaning 9. \$ Personal care products and services | Deb | tor 1 Pamela Sarah McKenna | Case numb | er (if known) | 15-13061-BFK |
|--|-------|--|-----------|---------------|-------------------------------|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Childcare and children's education costs 6c. Childcare and children's education costs 6c. Childcare and children's education costs 6c. Medical and dental expenses 7c. Transportation, Include gas, maintenance, bus or train fare. 9c. Do not include car payments 8c. Charitable contributions and religious donations 1d. S. Entertainment, clubs, recreation, newspapers, magazines, and books 1d. S. Charitable contributions and religious donations 1d. S. Charitable contributions and religious donations 1d. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. S. S. Life insurance 1d. Charitable contributions and religious donations 1d. S. | 6. | Itilities: | | | |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other, Specify: Viritage Security home security system 6d. \$ Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning 9. \$ Childcare and children's education costs Clothing, laundry, and dry cleaning 9. Personal care products and services 10. \$ Medical and dental expenses 11. \$ Do not include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations 14. \$ Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Disability insurance 15d. Other insurance. Specify: Disability insurance 15d. Other insurance specify: Disability insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal property taxes on vehicle Specify: Federal tax installment payment Specify: Virginia tax installment payment Specify: Virginia tax installment payment 17a. \$ 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6). 18. \$ Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. \$ Specify: 21 | J. | | 6a. | \$ | 261.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Vintage Security home security system 6d. \$ 6d. Other. Specify: Vintage Security home security system 7. \$ Clothing, laundry, and dry cleaning 7. Personal care products and services 8. \$ Clothing, laundry, and dry cleaning 8. \$ Clothing, laundry, and dry cleaning 9. Personal care products and services 10. \$ 10. \$ 11. \$ 11. \$ 12. \$ 11. \$ 12. \$ 13. Medical and dental expenses 11. \$ 12. \$ 13. \$ 14. \$ 14. \$ 15. Insurance. 15. Insurance. 16. Charitable contributions and religious donations 16. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance specify: Disability insurance 15d. Other insurance. Specify: Disability insurance 15d. Other insurance. Specify: Disability insurance 15d. Other insurance specify: Disability insurance 15d. Other insurance specify: Disability insurance 15d. Virginia tax installment payment 15d. \$ 17a. \$ 17a. \$ 17a. \$ 17a. \$ 17b. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: To Vehicle 2 17d. Other. Specify: 17d. \$ 17d. Other payments for Vehicle 2 17d. Other payments for Vehicle 2 17d. Other payments on the property of the swho do not live with you. 15d. Medical and the support of the swho do not live with you. 15d. Medical and the support of the swho do not live with you. 15d. Other payments on the property of the swho do not live with you. 15d. Other payments on the property of the swho do not live with you. 15d. Other specify: 17d. \$ 15d. Secondary on other systems on the property of the swho do not live with you. 15d. Other specify: 17d. S 15d. Secondary on other systems on the swho do not live with you. 15d. Other specify: 20d. \$ 20d. Montgages on other property on the swho do not live with you. 25d. Secondary of the swhole of the | | • | | · - | 40.00 |
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